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[illegible]



[illegible]



University of Cincinnati	
DEPARTMENT OF CIVIL ENGINEERING	
TECHNICAL STUDY	
NA	

LTS

US Department of Housing and Urban Development  
OMB Approval 2535-0114 exp. 2008 Pending  
Component Name:

[illegible]

[illegible]

[illegible]



University of Cincinnati  
DEPARTMENT OF CIVIL ENGINEERING  
Technical Study

HUD Program: LEAD TRA      Period:      Start Date:

LTS

US Department of Housing and Urban Development  
OMB Approval 2535-0114 exp. 2008 Pending  
Component Name:

[illegible]



[illegible]

US Department of Housing and Urban Development  
OMB Approval 2535-0114 exp. 2008 Pending  
Component No.

**Component Name:**

Year 3

0

[illegible]

University of Cincinnati	HUD Program:
SS OF HUD REQUIRED LEAD TRA	Period:
Technical Study	Start Date:
NA	End Date:

US Department of Housing and Urban Development  
OMB Approval 2535-0114 exp. 2008 Pending  
Component Name:

0

[illegible]

University of Cincinnati	
SS OF HUD REQUIRED	
Technical Study	
NA	

LTS

US Department of Housing and Urban Development  
OMB Approval 2535-0114 exp. 2008 Pending  
Component Name:

[illegible]

[illegible]



[illegible]





[illegible]

[illegible]

Applicant Name: University of Cincinnati  
 Project Name: SS OF HUD REQUIRED LEAD TRA  
 Project Type: Technical Study  
 Construction Type: NA

HUD Program: LTS  
 Period: Start Date: End Date:

US Department of Housing and Urban Development  
 OMB Approval 2535-0114 exp. 2008 Pending  
 Component Name:

1		2		3		4		5		6		7	
HUD Category	Policy Priority	Problem, Need, Situation	Planning	Services or Activities/Outputs	Measure	Baseline	Post	YTD	Outcome	Measure	Baseline	Post	YTD
Policy													
Total											0		
											7		
											Accountability		

HUD Goals		HUD Priorities	
A.1	Increase homeownership opportunities. (1) Expand national homeownership opportunities.	A	Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Persons with Limited English Proficiency.
A.2	Increase homeownership opportunities. (2) Increase minority homeownership.	B.1	Improve our Nation's Communities. (1) Bring private capital into distressed communities.
A.3	Increase homeownership opportunities. (3) Make the home-buying process less complicated and less expensive.	B.2	Improve our Nation's Communities. (2) Finance business investments to grow new businesses.
A.4	Increase homeownership opportunities. (4) Reduce predatory lending practices through reform, education and enforcement.	B.3	Improve our Nation's Communities. (3) Maintain and expand existing businesses.
A.5	Increase homeownership opportunities. (5) Help HUD-assisted renters become homeowners.	B.4	Improve our Nation's Communities. (4) Create a pool of funds for new small and minority-owned businesses.
A.6	Increase homeownership opportunities. (6) Keep existing homeowners from losing their homes.	B.5	Improve our Nation's Communities. (5) Create decent jobs for low-income persons.
B.1	Promote Decent Affordable Housing. (1) Expand access to and availability of decent, affordable rental housing.	B.6	Improve our Nation's Communities. (6) Improve the environmental health and safety of families living in public and privately owned housing.
B.2	Promote Decent Affordable Housing. (2) Improve the management accountability and physical quality of public and assisted housing.	B.7	Improve our Nation's Communities. (7) Make communities more livable.
B.3	Promote Decent Affordable Housing. (3) Improve housing opportunities for the elderly and persons with disabilities.	C.1	Encouraging Accessible Design Features. (1) Visitability in new construction and substantial rehabilitation.
B.4	Promote Decent Affordable Housing. (4) Promote housing self-sufficiency.	C.2	Encouraging Accessible Design Features. (2) Universal Design.
B.5	Promote Decent Affordable Housing. (5) Facilitate more effective delivery of affordable housing by reforming public housing and the Housing Choice Voucher program.	D	Providing Full and Equal Access to Grassroots Faith-Based and Other Community Organizations in HUD Program Implementation.
C.1	Strengthen Communities. (1) Assist disaster recovery in the Gulf Coast region.	E	Participation of Minority-Serving Institutions (MSIs) in HUD Programs.
C.2	Strengthen Communities. (2) Enhance sustainability of communities by expanding economic opportunities.	F.1	Ending Chronic Homelessness. (1) Creation of affordable housing units, supportive housing, and group homes.
C.3	Strengthen Communities. (3) Foster a suitable living environment in communities by improving physical conditions and quality of life.	F.2	Ending Chronic Homelessness. (2) Establishment of a set-aside of units of affordable housing for the chronically homeless.
C.4	Strengthen Communities. (4) End chronic homelessness and move homeless families and individuals to permanent housing.	F.3	Ending Chronic Homelessness. (3) Establishment of substance abuse treatment programs targeted to the homeless population.
C.5	Strengthen Communities. (5) Mitigate housing conditions that threaten health.	F.4	Ending Chronic Homelessness. (4) Establishment of job training programs that will provide opportunities for economic self-sufficiency.
D.1	Ensure Equal Opportunity in Housing. (1) Ensure access to a fair and effective administrative process to investigate and resolve complaints of discrimination.	F.5	Ending Chronic Homelessness. (5) Establishment of counseling programs that assist homeless persons in finding housing, managing finances, managing anger, and building interpersonal relationships.
D.2	Ensure Equal Opportunity in Housing. (2) Improve public awareness of rights and responsibilities under fair housing laws.	F.6	Ending Chronic Homelessness. (6) Provision of supportive services, such as health care assistance that will permit homeless individuals to become productive members of society.
D.3	Ensure Equal Opportunity in Housing. (3) Improve housing accessibility for persons with disabilities.	F.7	Ending Chronic Homelessness. (7) Provision of service coordinators or one-stop assistance centers that will ensure that chronically homeless persons have access to a variety of social services.
D.4	Ensure Equal Opportunity in Housing. (4) Ensure that HUD-funded entities comply with fair housing and other civil rights laws.	G	Removal of Regulatory Barriers to Affordable Housing.
E.1	Embrace High Standards of Ethics, Management, and Accountability. (1) Strategically manage human capital to increase employee satisfaction and improve HUD performance.	H.1	Promoting Energy Efficiency and Energy Star. (1) Replace older obsolete products and appliances with Energy Star-labeled products, when replacing existing products is more cost-effective than repair and for the appliance is no longer in operating condition.
E.2	Embrace High Standards of Ethics, Management, and Accountability. (2) Improve HUD's management and its internal controls to ensure program compliance and resolve audit issues.	H.2	Promoting Energy Efficiency and Energy Star. (2) Build new or rehabilitate existing single-family homes to Energy Star standards for new homes, or include combined heat and power in multifamily properties.
E.3	Embrace High Standards of Ethics, Management, and Accountability. (3) Improve accountability, service delivery, and customer service of HUD and its partners.	H.3	Promoting Energy Efficiency and Energy Star. (3) Meet the requirements for Energy Star qualified New Homes for gut rehabilitation or new construction of low-rise multifamily housing.
E.4	Embrace High Standards of Ethics, Management, and Accountability. (4) Capitalize on modernized technology to improve the delivery of HUD's core business functions.	H.4	Promoting Energy Efficiency and Energy Star. (4) Meet ASHRAE 90.1-2004, Appendix G plus 20 percent.

F.1	<p>Promote Participation of Faith-Based and Other Community Organizations.</p> <p>(1) Reduce barriers to faith-based and other community organizations.</p>	I.1	<p>Utilization and Promotion of FHA Insured Mortgages and Fair Lending Practices.</p> <p>(1) Provide low-and moderate-income households with information on FHA products as safe consumer alternatives to reduce costs and reliance on subprime lenders.</p>
F.2	<p>Promote Participation of Faith-Based and Other Community Organizations.</p> <p>(2) Conduct outreach and provide technical assistance to strengthen the capacity of faith-based and community organizations to attract partners and secure resources.</p>	I.2	<p>Utilization and Promotion of FHA Insured Mortgages and Fair Lending Practices.</p> <p>(2) Provide consumers with information on Fair Lending and discriminatory lending practices in languages appropriate to the clientele being served.</p>
F.3	<p>Promote Participation of Faith-Based and Other Community Organizations.</p> <p>(3) Encourage partnerships between faith-based and other community organizations and HUD's grantees and subgrantees.</p>		




**CAMP eLogic Model™**

**Column 2**

**PROBLEM, NEEDS, SITUATION**

There is a need for more efficient, effective and less costly methods to evaluate (test for, identify) and control housing related lead hazards.

 <b>CAMP eLogic Model™</b>	<a href="#">Click here to allow deletion of 'New' Activities</a>
<b>Column 3</b>	
<b>SERVICES OR ACTIVITIES/OUTPUTS</b>	<b>UNITS</b>
Community participants meetings for input/feedback – Meetings	Meetings
new- Development of 1-hour classroom visual assessment course.	One Course Developed
new- Survey Instrument development and pilot testing.	Two Survey Instruments Developed
new- Development of SOJT module for incorporation into H-O modules of lead safe work practices training.	One SOJT Module Developed
Community participants meetings for input/feedback – Participants	Participants
Development of alternative or improved clearance methods – Lead	Methods
Housing assessment	Assessments
Housing inspection	Inspections
Housing interventions completed	Units
Outreach and education – Participants	Participants
Outreach and education – Sessions	Sessions
Participants recruited	Participants
Presentation at professional meeting prepared	Presentation
Samples analyzed	Samples analyzed
Samples collected	Samples collected
Scientific manuscript submitted to HUD	Manuscript
Staff trained	Staff trained
other	Other



**CAMP eLogic Model™**[Click here to allow deletion of 'New' Outcomes](#)**Column 5**

<b>ACHIEVEMENT OUTCOMES GOALS AND INDICATORS</b>	<b>UNITS</b>
Data analysis completed	Completed
new- Persons trained	100
new- New survey instruments developed.	Two Instruments Developed
new- New training module developed.	One Training Module
Enhanced utilization-housing-time occupied-continued occupancy	Months
Final project report	Accepted
Hazard assessment method developed – Reduced cost	Dollars
Hazard assessment method developed – Reduced time	Hours
Hazard assessment method developed – Other	Other
Hazard intervention protocols developed – Reduced cost	Dollars
Hazard intervention protocols developed – Reduced time	Hours
Hazard intervention protocols developed – Other	Other
New technologies developed	Technology
New/Improved assessment tool – Housing lead hazards	Tools
New/Improved technologies developed – Reduced cost	Dollars
New/Improved technologies developed – Reduced time	Reduced hours
New/Improved technologies -precision/accuracy-% change in coefficient of variation	% change
Reduction in housing related lead hazards – Persons	Persons
Reduction in housing related lead hazards-reduced Pb-change above EPA standard floor dust	% above standard
Reduction in housing related lead hazards-reduced Pb-change above EPA standard sill dust	% above standard
Reduction in housing related lead hazards-reduced Pb-change above EPA standard average soil	% above standard
Reduction – Incidence/severity-blood lead level – % $\geq 10\mu\text{g/dL}$	% $\geq 10\mu\text{g/dL}$
Reduction – Incidence/severity-blood lead level – Avg. blood-Pb ( $\mu\text{g/dL}$ )	Avg. blood-Pb( $\mu\text{g/dL}$ )
Reduction – Incidence/severity-blood lead level –% blood-Pb ( $\mu\text{g/dL}$ )	Avg. %
Submitted manuscript(s) accepted by HUD	Manuscript Accepted
Submitted manuscript(s) for publication	Manuscript Submitted
Submitted manuscript(s) published	Manuscript Published
other	other

## CAMP eLogic Model™

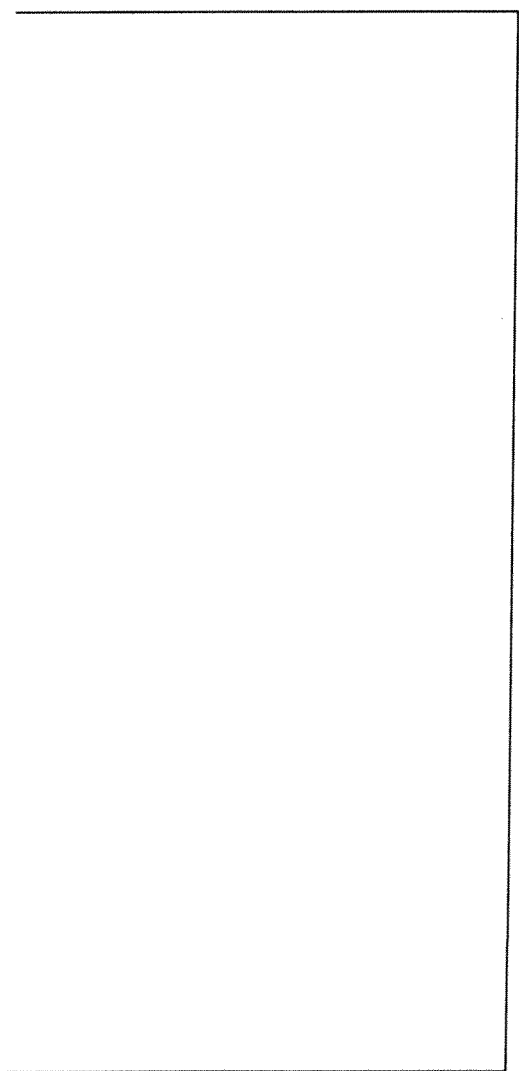
<b>A. Tools For Measurement</b>
Bank accounts
Construction log
Database
Enforcement log
Financial aid log
Intake log
Interviews
Mgt. Info. System-automated
Mgt. Info. System-manual
Outcome scale(s)
Phone log
Plans
Pre-post tests
Post tests
Program specific form(s)
Questionnaire
Recruitment log
Survey
Technical assistance log
Time sheets
<b>B. Where Data Maintained</b>
Agency database
Centralized database
Individual case records
Local precinct
Public database
School
Specialized database
Tax Assessor database
Training center
<b>C. Source of Data</b>
Audit report
Business licenses
Certificate of Occupancy
Code violation reports
Counseling reports
Employment records
Engineering reports
Environmental reports
Escrow accounts
Financial reports
GED certification/diploma
Health records
HIMIS
Inspection results
Lease agreements
Legal documents
Loan monitoring reports
Mortgage documents
Payment vouchers
Permits issued
Placements
Progress reports
Referrals
Sale documents
Site reports
Statistics
Tax assessments
Testing results
Waiting lists
Work plan reports
<b>D. Frequency of Collection</b>
Daily
Weekly
Monthly
Quarterly
Biannually
Annually
Upon incident
<b>E. Processing of Data</b>
Computer spreadsheets
Flat file database
Manual tallies
Relational database
Statistical database

## Response to Management Questions

		Measure Units	Count/Amount
1	How many units of housing had interventions completed (unduplicated account)?	Units	
2	What is the average cost to produce a successful lead hazard intervention or a secondary finding that could improve the effectiveness of the program?	Dollars	
3	What is the average anticipated savings in emergency room visits resulting from a successful lead hazard intervention?	Dollars	
4	What is the average anticipated savings in hospitalization days resulting from a successful lead hazard intervention?	Dollars	
5	What is the average anticipated savings in sick days resulting from a successful lead hazard intervention?	Dollars	
6	What is the average anticipated savings in symptom days resulting from a successful lead hazard intervention?	Dollars	
7	What is the average intervention cost per housing unit?	Dollars	
8	What are the key findings reported in your manuscript to be submitted for publication? (Describe in the space below)	Dollars	
9	Describe the population you are serving in the space below:		
	If you are collecting client level data, identify the number of persons receiving services:		
10	How many persons receiving services are under the age of 6?	Persons	
11	How many persons receiving services are ages 6-17?	Persons	
12	How many persons receiving services are ages 18-30?	Persons	
13	How many persons receiving services are ages 31-50?	Persons	
14	How many persons receiving services are ages 51-61?	Persons	

15	How many persons receiving services are age 62 and older?	Persons	

Explanation of Any Deviations From the Approved eLogic Model



## Evaluation Process

These are standard requirements that HUD will expect every program manager receiving a grant to do as part of their project management.

- An evaluation process will be part of the on-going management of the program.
- Comparisons will be made between projected and actual numbers for both outputs and outcomes.
- Deviations from projected outputs and outcomes will be documented and explained on the "Reporting" Tab.
- Analyze data to determine relationship of outputs to outcomes; what outputs produce which outcomes.

The reporting requirements are specified in the program specific NOFA and your funding award.

### HUD Will Use The Following Management Questions To Evaluate Your Program

1. How many units of housing had interventions completed (unduplicated account)?
2. What is the average cost to produce a successful lead hazard intervention or a secondary finding that could improve the effectiveness of the program?
3. What is the average anticipated savings in emergency room visits resulting from a successful lead hazard intervention?
4. What is the average anticipated savings in hospitalization days resulting from a successful lead hazard intervention?
5. What is the average anticipated savings in sick days resulting from a successful lead hazard intervention?
6. What is the average anticipated savings in symptom days resulting from a successful lead hazard intervention?
7. What is the average intervention cost per housing unit?
8. What are the key findings reported in your manuscript to be submitted for publication?
9. Please describe the population you are serving?

If you are collecting client level data, identify the number of persons receiving services:

10. How many persons receiving services are under the age of 6?
11. How many persons receiving services are ages 6-17?
12. How many persons receiving services are ages 18-30?
13. How many persons receiving services are ages 31-50?
14. How many persons receiving services are ages 51-61?
15. How many persons receiving services are age 62 and older?

### Carter-Richmond Methodology

The above Management Questions developed for your program are based on the Carter-Richmond Methodology. A description of the Carter-Richmond Methodology appears in the General Section of the NOFA.

<sup>1</sup> © The Accountable Agency – How to Evaluate the Effectiveness of Public and Private Programs," Reginald Carter, ISBN Number 9780978724924.

**Factor 1 Capacity Of The Applicant And Relevant Organizational Experience**

Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**A. Key Personnel**

Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix.	Percent of Time Proposed for this Grant (HUD Funded or In-Kind)	Percent of Time to be spent on other LHC HUD grants	Percent of Time to be spent on other Activities
<b>Note: These three columns should total 100%</b>			
<b>A.1 Overall Project Director</b>			
Name: [REDACTED]	25%		75%
Organization Position Title: Professor			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
<b>A.2 Advisor</b> <input type="checkbox"/> To be hired <input type="checkbox"/> On staff			
Name: [REDACTED]	1%	23%	76%
Organization Position Title: Professor			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
<b>A.3 Other Advisor</b> <input type="checkbox"/> To be hired <input type="checkbox"/> On staff			
Name: [REDACTED]	5%	45%	35%
Organization Position Title: Sr. Research Associate			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			

**B. Partners**

Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient	Description of Commitment and Status	Proposed Activities To Be Conducted by Partner	Amount of HUD Grant Funds (If Subgrant)
<b>B.1 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.2 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.3 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.4 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.5 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.6 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.7 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			

**Definitions:**

**Partner Name:** Name of organization or entity that will partner with applicant in conducting program activities.

**Type of Organization or Program:** Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.

**Description of Commitment:** Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.

**Proposed Activities to be Conducted by Partner:** The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)

**Amount of HUD Grant Funds if Subgrantee/Subrecipient:** The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

**Factor 1 Capacity Of The Applicant And Relevant Organizational Experience**

Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**A. Key Personnel**

Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix.	Percent of Time Proposed for this Grant (HUD Funded or In-Kind)	Percent of Time to be spent on other LHC HUD grants	Percent of Time to be spent on other Activities
Note: These three columns should total 100%			
<b>A.1 IT Manager</b>			
Name: [REDACTED]	10%		90%
Organization Position Title: Research Associate-On Staff			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
<b>A.2 Logistics Coordinator/Data Entry</b> <input type="checkbox"/> To be hired <input type="checkbox"/> On staff			
Name: [REDACTED]	10%		90%
Organization Position Title: Program Coordinator			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
<b>A.3 Other Consultant</b> <input type="checkbox"/> To be hired <input type="checkbox"/> On staff			
Name: [REDACTED]	60%		40%
Organization Position Title:			
Phone Number: [REDACTED] Fax Number:			
Email: [REDACTED]			

**B. Partners**

Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient	Description of Commitment and Status	Proposed Activities To Be Conducted by Partner	Amount of HUD Grant Funds (If Subgrant)
<b>B.1 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.2 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.3 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.4 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.5 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.6 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.7 Name:</b>			
Type of Organization			
Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			

**Definitions:**

**Partner Name:** Name of organization or entity that will partner with applicant in conducting program activities.

**Type of Organization or Program:** Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.

**Description of Commitment:** Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.

**Proposed Activities to be Conducted by Partner:** The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)

**Amount of HUD Grant Funds if Subgrantee/Subrecipient:** The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.



## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	1Abstract.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	2RatingFactors.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	3RequiredMaterial.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	4OptionalMaterial.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	5RequiredFormsandBudgetMater	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

America's Affordable Communities  
Initiative

U.S. Department of Housing  
and Urban Development

OMB approval no. 2510-0013  
(exp. 03/31/2010)

\* Organization Name:

University of Cincinnati

### Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

#### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.  <i>(If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Points:		

**Part B. State Agencies and Departments or Other Applicants for Projects Located in  
Unincorporated Areas or Areas Otherwise Not Covered in Part A**

	1	2
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<p><b>10.</b> Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification?</p> <p>Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>11.</b> Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>12.</b> Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development? If yes, briefly list these changes.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>13.</b> Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>14.</b> Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>15.</b> Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>Total Points:</b></p>		

Additional Information:

Add Attachment

Delete Attachment

View Attachment

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011  
(exp. 08/31/2009)

Applicant/Recipient Information

\* Duns Number:

\* Report Type:

INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

\* Applicant Name:

University of Cincinnati

\* Street1:

University Hall, Suite 530

Street2:

51 Goodman Drive

\* City:

Cincinnati

County:

Hamilton

\* State:

OH: Ohio

\* Zip Code:

45221-0222

\* Country:

USA: UNITED STATES

\* Phone:

513-558-1729

2. Social Security Number or Employer ID Number:

1-316000989-A1

\* 3. HUD Program Name:

Lead Technical Studies Grants

\* 4. Amount of HUD Assistance Requested/Received: \$

467,563.00

5. State the name and location (street address, City and State) of the project or activity:

\* Project Name:

An Efficacy Assessment (Short- and Long-Term) of Lead Safe R

\* Street1:

University of Cincinnati

Street2:

2180 East Galbraith Road ML 0510

\* City:

Cincinnati

County:

Hamilton

\* State:

OH: Ohio

\* Zip Code:

45237-1625

\* Country:

USA: UNITED STATES

**Part I Threshold Determinations**

\* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☒ Yes

☐ No

\* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes

☒ No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

**However,** you must sign the certification at the end of the report.

Form HUD-2880 (3/99)

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment



**Part III Interested Parties.** You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.  
I certify that this information is true and complete.

\* Signature:

\* Date: (mm/dd/yyyy)

Heather Kinsman

07/03/2008

## Facsimile Transmittal

1212438108-8817

U. S. Department of Housing  
and Urban Development  
Office of Department Grants  
Management and Oversight

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

\* Name of Document Transmitting: Nothing Faxed with this Application

## 1. Applicant Information:

\* Legal Name: University of Cincinnati

## \* Address:

\* Street1: University Hall, Suite 530

Street2: 51 Goodman Drive

\* City: Cincinnati

County: Hamilton

\* State: OH: Ohio

\* Zip Code: 45221-0222

\* Country: USA: UNITED STATES

## 2. Catalog of Federal Domestic Assistance Number:

\* Organizational DUNS: [REDACTED] CFDA No.: 14.902

Title: Lead Technical Studies Grants

Program Component:

## 3. Facsimile Contact Information:

Department: Environmental Health

Division: College of Medicine

## 4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Dr. \* First Name: Judy

Middle Name:

\* Last Name: Jarrell

Suffix:

\* Phone Number: 513-558-1729

Fax Number: 513-558-1756

\* 5. Email: Judy.Jarrell@uc.edu

## \* 6. What is your Transmittal? (Check one box per fax)

☐ a. Certification ☒ b. Document ☐ c. Match/Leverage Letter ☐ d. Other

\* 7. How many pages (including cover) are being faxed?

1

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

## \* Other (Specify)

## \* 3. Date Received:

07/03/2008

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

University of Cincinnati

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

1-316000989-A1

## \* c. Organizational DUNS:

## d. Address:

## \* Street1:

University Hall, Suite 530

## Street2:

51 Goodman Drive

## \* City:

Cincinnati

## County:

Hamilton

## \* State:

OH: Ohio

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

45221-0222

## e. Organizational Unit:

## Department Name:

Environmental Health

## Division Name:

College of Medicine

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Dr.

## \* First Name:

Judy

## Middle Name:

## \* Last Name:

Jarrell

## Suffix:

## Title:

Professor

## Organizational Affiliation:

University of Cincinnati

## \* Telephone Number:

513-558-1729

## Fax Number:

513-558-1756

## \* Email:

Judy.Jarrell@uc.edu

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

US Department of Housing and Urban Development

## 11. Catalog of Federal Domestic Assistance Number:

14.902

## CFDA Title:

Lead Technical Studies Grants

## \* 12. Funding Opportunity Number:

FR-5200-N-07

## \* Title:

Healthy Homes and Lead Technical Studies Program

## 13. Competition Identification Number:

LTS-07

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Ohio/Kentucky/Indiana

## \* 15. Descriptive Title of Applicant's Project:

An Efficacy Assessment (Short- and Long-Term) of Lead Safe Renovation and Visual Assessment Training

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

01, 02

\* b. Program/Project

01, 02

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date:

11/01/2008

\* b. End Date:

10/30/2011

## 18. Estimated Funding (\$):

* a. Federal	467,563.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	467,563.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

\* First Name:

Mary

Middle Name:

\* Last Name:

Ucci

Suffix:

\* Title:

Director, Sponsored Research Services

\* Telephone Number:

513-556-2870

Fax Number:

513-556-4346

\* Email:

ospaward@uc.edu

\* Signature of Authorized Representative:

Heather Kinsman

\* Date Signed:

07/03/2008

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.